

Date: _____



North Georgia Medical Reserve Corps - Health District 1-2

100 W. Walnut Ave. Suite 92 Dalton, GA 30720

Phone (706) 272-2342 – Fax (706) 272-2221

MEDICAL VOLUNTEER FORM



QUESTIONS FOR HEALTHCARE PROFESSIONALS

Name of Volunteer _____ Interviewer _____

1. Do you hold a valid license as a healthcare provider in Georgia? ____yes ____no

2. If yes, what are you licensed as?

3. If no, do you have any healthcare certifications from the state of Georgia? What are they?

4. Physicians: Where do you have admitting privileges?

5. Physicians: What is your specialty?

6. Paramedics: How many years have you been a paramedic?_____ How many of those years were you actually responding to calls?_____ Where have you worked?

7. Nurses, PAs, Inhalation Therapists, Physical Therapists: How many years have you worked in hospitals?_____

Nurses: What area(s) of the hospital?

8. If you have not worked in a hospital, where have you worked?

How many years?_____

9. Do you have current certification in any of the following?
(check the items answered "yes")

___BLS (CPR)

___ATLS

___CDLS

___PALS

___BTLS

___ACLS

___PHTLS

Others_____